

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>male</u>	<u>1</u>		<u>3</u>
DATE OF BIRTH* <u>7</u> <u>7</u> <u>13</u> (Month) (Day) (Year)			
FULL NAME FATHER		FULL NAME MOTHER	
<u>Jack William Chess</u>		<u>Phoebe Hollman</u>	

I HEREBY CERTIFY that the child described herein
has been named

Woodrow Wilson Chess
(Give name in full) (Surname)

Mamie Davis
(Parent's Signature)

Suite of Phoebe Hollman
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

632-707-725